MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number	Filing Date
10/769,157	

Applicant(s)

* May be used for additional claims or amendments

10-24-05

CLAIMS	AS FILED 9-26-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				9-26-05		10-24-05			
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1		1				51	1		1			
2		1		1			52	1		1			
3		1		1			53	1		1			
4							54	1		1			
5							55	1		1			
6							56				1		
7							57				1		
8							58	1					
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17	1		1				67						
18		1		1			68						
19		1		1			69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35		1		1			85						
36		1		1			86						
37		1		1			87						
38		1		1			88						
39	1			1			89						
40	1			1			90						
41	1			1			91						
42		1		1			92						
43	1			1			93						
44	1			1			94						
45	1			1			95						
46	1			1			96						
47	1			1			97						
48	1			1			98						
49	1			1			99						
50		1		1			100						
Total Indep							Total Indep	10		10			
Total Depend							Total Depend	26		26			
Total Claims							Total Claims	36		36			